

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/530754

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2		1	1			
3			1			
4		2	1			
5	1		1			
6		1	1			
7		2	1			
8		2	1			
9		2	1			
10	1		1			
11		1	1			
12		2	1			
13		2	1			
14		2	1			
15		2	1			
16		2	1			
17		2	1			
18		2	1			
19		2	1			
20		2	1			
21		2	1			
22		2	1			
23		2	1			
24		2	1			
25		2	1			
26		2	1			
27		2	1			
28	1		1			
29		2	1			
30		1	1			
31		2	1			
32	1		1			
33		2	1			
34		2	1			
35		2	1			
36		2	1			
37	1		1			
38		2	1			
39		2	1			
40		2	1			
41		2	1			
42		2	1			
43		2	1			
44		2	1			
45		2	1			
46		2	1			
47		2	1			
48		2	1			
49		2	1			
50		2	1			
TOTAL IND.		↓		↓		↓
TOTAL DEP.	←		←		←	
TOTAL CLAIMS						

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51		1	1			
52		1	1			
53		1	1			
54		1	1			
55		1	1			
56		1	1			
57		1	1			
58		1	1			
59		1	1			
60			1			
61			1			
62			1			
63			1			
64			1			
65			1			
66			1			
67			1			
68			1			
69			1			
70			1			
71			1			
72			1			
73			1			
74			1			
75			1			
76			1			
77			1			
78			1			
79			1			
80			1			
81			1			
82			1			
83			1			
84			1			
85			1			
86			1			
87			1			
88			1			
89			1			
90			1			
91			1			
92			1			
93			1			
94			1			
95			1			
96			1			
97			1			
98			1			
99			1			
100			1			
TOTAL IND.	6	↓	2	↓		↓
TOTAL DEP.	←		26	←	←	
TOTAL CLAIMS			28			